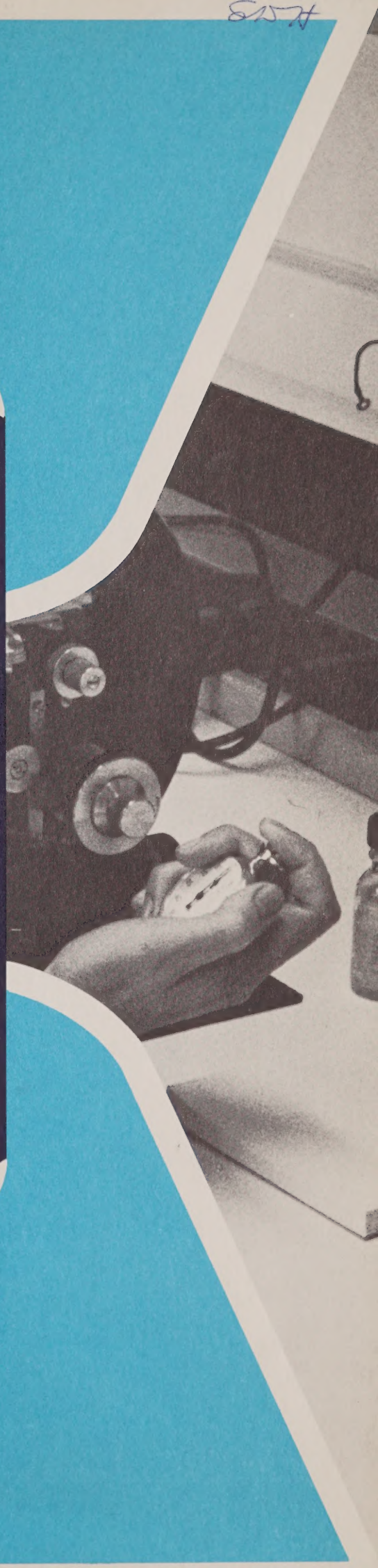
annual report 1964



New England Deaconess Hospital
185 Pilgrim Road
Boston, Massachusetts 02215

annual report 1964

Because the New England Deaconess Hospital is a referral hospital and is noted internationally for its patient care, along with its use of the most advanced techniques, the question may arise as to why this report gives so much space to construction. Our answer is that in order to provide the best in patient care, a tremendous amount of building and services are involved in the back-up process. New England Deaconess Hospital can continue to grow in service to the community and to the ill person everywhere only in proportion to the research and laboratory facilities it provides its specialists for the development of new techniques and improved methods of treatment. In addition, space must continue to be provided for the maximum care and comfort of the patient. This is the reason we are showing the facilities under construction and are also showing the necessity for additional financial help from our friends.

Photographing Chromosomes

report of the president

It has been my honor and my privilege to have been associated with the New England Deaconess Hospital as a member of the Corporation since 1932, as treasurer from 1934 through 1955 and for the past eight years as its president, an office as dramatic and as gratifying as any can possibly be. During these years I have observed the marvelous progress made by medicine put into action . . . the almost unbelievable forward strides of medical research . . . new techniques in surgery . . . the previously undreamed of new concepts of patient care.

In this, my last report to you in the capacity of president, I want to thank the thousands who have helped the New England Deaconess Hospital in so many ways . . . those who have helped with the donation of money and those with the donation of their time, talent, and energy to achieve lasting goals. This includes doctors, nurses, department heads, the entire personnel of the hospital, the Friends of the Deaconess for their Gift, Flower, Coffee, and Thrift Shops and all other volunteers . . . each filling an important function. Corporation members, trustees, and members of the executive committee have given their time faithfully and their advice has been of great value. Special thanks are due too, to our outstanding executive director, Mr. R. D. Lowry. And thanks are due for the many hours of soul-searching on the part of the responsible individuals to be sure a decision being made is the right one, unselfishly motivated, and for the many days of perplexity encountered while trying to reach a specific objective. All this, and much more, goes into running our hospital and caring for and healing the patients entrusted to us.

In Mr. Lowry's report is a comprehensive recountal of the accomplishments of the New England Deaconess Hospital over the past twenty years. These accomplishments cover the regimes of three presidents — Mr. Howard D. Brewer, Mr. Ernest G. Howes, and Bishop John Wesley Lord. Some were started during one and completed during the next. Some, now in their infancy, will be passed along for completion during the term of Mr. Laurens MacLure.

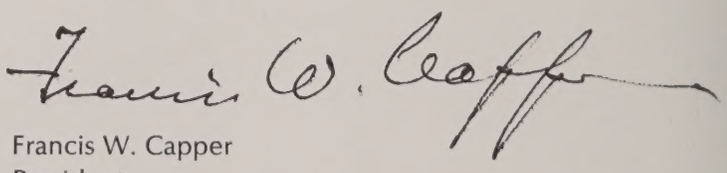
These have been wonderful years. Watching the Deaconess grow has been part of it . . . watching new departments come into being . . . seeing more patients come from farther and farther away. All these factors have contributed to the changes for progress that are taking place. To keep the hospital ship on its course, we are most fortunate in having Mr. Lowry.

The most spectacular changes which have occurred are in the field of medicine itself. Dozens and dozens of effective new drugs have been discovered, tested and proved, new surgical procedures, new diagnostic tools, isotopes, and sophisticated laboratory equipment have been developed . . . all contributing to hospital growth and progress. A demand for more technicians, for more laboratory space has gone hand in hand with this growth . . . even the top of the Palmer Building is being used for additional laboratory space.

Automation has caught up with us. We have machines that will do 60 blood sugars an hour, and, for the hospital alone, 300 or more blood sugars are done in an average day. This is four times as many blood sugars, with the same number of personnel, as could be done twenty years ago.

This progress is but an infinitesimal part of an enormous complex. We have become a complex because we are a referral hospital . . . a hospital that calls for specialists in all fields. From our maintenance area to all technicians, from our laboratories to nurses' training, in medicine and in surgery . . . daily the New England Deaconess Hospital faces new challenges.

This challenge is unique . . . every day I see letters from former patients addressed to me or to Mr. Lowry, commenting on the wonderful care they received while with us. Their thanks and comments were not only for their doctor and the nurses, but also, as specifically mentioned, for all the others, seen and unseen, who contribute to the comfort and healing of our patients. The *spirit* of the New England Deaconess Hospital in the care and the healing of the sick is the special intangible that is known far and wide. Above all my hopes for the future of the Deaconess, is the hope that this spirit will continue through the years that lie ahead.



Francis W. Capper
President

Inhalation Therapy

report of the executive director

New England Deaconess Hospital holds a place of respect in the minds, not just of medical people, but of many others all over the world. Part of this is due to the excellence of our medical staff, many of whom are internationally known; the rest is due to our high quality of patient care and our continuing insistence that the focal point of our efforts is the patient and his well being.

Certainly all of us want the hospital to maintain this respect and, in order to do so, we must make some decisions with regard to our future. Before we try to look ahead, however, it might be wise to look back over the past twenty years; years which, for many of us, have gone all too quickly.

Twenty years ago the hospital was, in many respects, a small hospital. For example, it was not until June 1944 that we felt it necessary to establish a personnel department. It was 1947 before we developed our handbook for employees, started our orientation classes for all new employees, and began our publication, THE PULSE.

In 1950 we had ground breaking ceremonies for both the Cancer Research Institute and the Central Building. This was the first major building program since the Baker Building was erected in 1935.

In 1956 we expanded our residency program, constructed a special care unit, built and dedicated the Arthur T. Dooley Chapel, abandoned our power plant, constructed a new steam line to the Harvard Medical School Power House, and purchased the four apartment houses on Autumn Street. During this same year the new Joslin Offices and the Diabetes Foundation building were opened. In February 1957 the 40-bed Hospital Teaching Unit was dedicated.

In 1958 we constructed a new building for maintenance, added another floor to both our laundry and to the Cancer Research Institute, and purchased Channing Home which was renamed "Norwich House."

In 1959 we established the Gilbert Horrax Memorial Library. That year we also established a pension plan for our employees.

In 1962 our Medical Residency Program was approved for three full years.

In 1963 we installed an I.B.M. 1440, the first hospital installation in the country. We completed our new office building and garage, broke ground for the Shields Warren Radiation Laboratory, began construction of a tunnel to that facility, instituted a new Medical Technology Program in cooperation with Northeastern University, and won a national award for efficiency in our laundry.

This year we have occupied the Medical Building and the garage and have seen the opening of the new restaurant and pharmacy. We have completed the renovation of the laboratories on the lower level of the Palmer Building. We have completely revised the by-laws of the medical staff, and established formal departments of medicine and surgery which encompass all three clinics and the general medical and surgical staffs.

These items are only the highlights. Space does not permit me to discuss all of the other changes and additions, such as the Isotope Laboratory, the Department of Electric Shock Therapy, the Cardiopulmonary Laboratory, the Laboratory for Electroencephalographs, the Department of Inhalation Therapy, and many others.

The question often asked as to why we have so many more employees per patient now than we did a few years ago is easily answered. Every new laboratory, department, or procedure requires additional and, generally, highly trained personnel. In addition, building and equipping these facilities is expensive.

The change in the net value of the hospital and its annual expenses is rather startling. Ten years ago our total assets were approximately nine million dollars. Today they are eighteen million dollars. Ten years ago our annual operating expenses were two and one-half million dollars. Today they are seven and one-half million dollars. Our expenses are $20,000 a day, every day of the year. This is big business, and to operate our hospital efficiently we continue in our efforts to adopt the modern business methods utilized by industry. We constantly strive to improve our controls. Unlike most other businesses, we must predict both expenses and income one year in advance. When our budget is established in September of each year, we establish fixed expenses that will carry through one full year regardless of our patient load. If business is slow, we can't close down for two weeks and send all of our employees on vacation.

Anyone might logically ask these questions: "Is this large increase in our budget really necessary?" "Can't we operate on a more conservative budget?" "Isn't there some way of stopping this annual increase in hospital expense?" The answer is yes, we can hold costs down IF we decide that we shall not attempt to keep up with the rapid advances that are being made in the field of medical care, and IF we want to attempt to sell our patients the idea of accepting a lower level of care. We all know the answer the patients would give. While the patient may accept a semi-private room when he would prefer a private, he will not accept second best supporting services. The physician of today

Exacting Research

Muffled noises in her room, refrigerated blankets, tubes, wires, and the hushed conversations of the special care unit are memories now for Rita Dinquel , whose only medical worry today concerns the location of the band-aids for bruises sustained in her active life. The vivacious nine-year-old is no longer wan and thin as she was last year when she came to New England Deaconess Hospital where Dr. James A. Bougas closed a hole the size of a half-dollar in her heart. Shown in both photographs with Rita and Dr. Bougas is Miss Sharon St. Ledger, a student when pictured for the 1963 report and now a graduate nurse working in surgery.

must have all the resources of a modern hospital if he is to keep pace with the times in the care of his patients.

As in the past, salaries to personnel account for two-thirds of our total expense. This year the Hospital Council of Boston voted to recommend that the base salary for nurses be increased on October first to $88.50 a week. We have not increased nursing salaries in two years, and the problems of recruitment are increasing because higher salaries are being paid in other metropolitan areas. There are many dedicated people working in hospitals, but salaries are becoming more important as the cost of living increases. The Council further recommended that the base salaries for nurses be increased again on October 1, 1965 to $96.00 a week. (By legislation, the lowest salary that can be paid to a school teacher in Massachusetts is $5,000 a year.)

This year's increase, with the ripple effect it had on certain other positions in the hospital, made it necessary for us to increase our daily hospital service rates $3.00. Our ward rates are now $33.00 a day, semi-private $35.00 and $36.00, and private rooms from $38.00 up. While these rates appear to be high, they are still lower than many of our neighboring hospitals. When you hear our rates quoted keep in mind the fact that we do not have an "admission fee." Even if we ignore the admission fee, our rates are comparable or competitive with most of the other major hospitals. Not that we need to be competitive, because no hospital in this area has any patients who are more in need of specialized care than those at the Deaconess. We have 370 beds in operation and at midnight last night there were 356 patients in the hospital, or a 96% occupancy. Frankly, we have major problems when the census is that high because we don't have an opportunity to do maintenance on the rooms, housekeeping, and the other things that need to be done to keep patient areas in good condition. My guess would be that if we could discharge 100 patients today, every bed would be filled by noon tomorrow. Of the 356 patients listed one day recently, 30 were on the danger list and between 20 and 30 more were borderline cases. This is a very high percentage of critically ill people. The demand for beds is greater than ever before and, because of the great demand, only the most seriously ill patients can be admitted. It is obvious why there is so much pressure on the nursing, laboratories, X-ray, and other departments of the hospital.

The minimum hourly wage set by law is $1.25. We have tried to keep slightly ahead of the minimum and have an hourly rate of $1.30. On September 1, 1965 the State will increase the minimum to $1.30, and in 1966 to $1.35. If we could increase our hourly rate to a minimum of $1.50, we could do much to upgrade the caliber of employees in certain departments, even though $1.50 is far below the salary of a laborer on a construction job. However, an increase of ten cents an hour for all employees of our hospital would add $200,000 a year to our budget. Going to $1.50 an hour would add $600,000 or approximately $16.00 per patient day! Because hospital salaries were very low for so many years and because of the dramatic advances that are being made in medicine, hospital expenses will continue to increase each year until salaries paid in hospitals are comparable to those paid in industry, and until our spiralling economy begins to level off.

Students from our School of Nursing have taken their basic sciences at Simmons College for fifty years. This year we regretfully had to terminate this affiliation. Simmons was unable to adjust its courses to our changing needs and, in addition, an increasing number of students wanted to go to a school that would grant some college credits. The class that started this September is attending Northeastern University. Tuition for students in the School of Nursing has increased sharply in recent years. Tuition and fees for the full three years (including board and room) totals $3,025. While this is still far below the cost of three years of college, many of our students require financial assistance. This year we have requests for $32,000 for aid. We have raised $22,000 but we still must raise $10,000 in the next few months. We continue to follow the policy of never turning a student away because she is unable to meet tuition charges, just as our hospital has never in history turned a patient away because he was unable to meet hospital charges. Somehow, we must find money to continue these policies.

I had hoped that I would be able to give you detailed information on the completion of the Central Building at this time. I can tell you that we had an estimate from the company who constructed the building indicating that it would cost about three and one-half million dollars to finish it. The architectural firm of Shepley, Bulfinch, Richardson & Abbott had originally designed the building and we also asked for their estimate. The architects believe it will cost approximately six million dollars. Although the architects had included a great deal more than the Turner Construction Company had, there's still a wide discrepancy between the two estimates. The architect's estimate has been given to the Turner Construction Company for review, and they are also re-studying their own estimate. Incidentally, both organizations agreed that each year we delay will add not less than 2.7 percent to our cost. We hope we can have more concrete figures available for the next trustees meeting.

Because of the many changes that are taking place, and because of the rapid growth of the hospital, there is a need for a carefully thought out, long range plan at the Deaconess. The Executive Committee of the Trustees agreed that outside assistance was needed, and Dr. Anthony J. J. Rourke was hired for this purpose. Dr. Rourke is considered one of the top hospital consultants in the country. He has a staff of 27 specialists, including two architects, many well qualified businessmen, doctors, and others so that he is completely covered in every area of specialization and planning construction.

With such a heavy demand for beds it is difficult to predict the ultimate size of the Deaconess. I don't know the answer. While I do know that our 300 bed hospital of the early 1950's was a much easier hospital to operate, I am

sure that the doctors here will not agree to limiting the number of beds.

How large should the Deaconess become? Should we be satisfied with a hospital that is packed to capacity, running at a high rate of occupancy yet daily refusing seriously ill patients admission because we cannot find one more bed? One Friday recently at 11 o'clock in the morning there were only two empty beds and one of those was a crib. We had over twenty patients booked for admission at one o'clock that afternoon. This is a daily occurrence, and places a heavy burden on the admitting office.

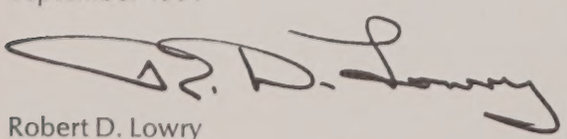
We routinely receive requests for new departments and new services. Which of these should be consider? In the years ahead how can we best utilize the property we own? Is it feasible to complete the Central Building, or should some other approach be taken to replace the beds in the old Deaconess Building and to alleviate the bed shortage? How can we obtain more adequate housing for personnel? These and many other questions will be considered by Dr. Rourke and his associates. A full report will be available in the spring.

The new By-laws which have been adopted by our medical staff and approved by the trustees represents a major step forward. Provision has now been made for one Department of Medicine and one Department of Surgery, and the independent staffs and the clinics are working together more closely than ever before. Communications, always a major problem in any large organization, should be vastly improved in the years ahead; our Residency Programs should improve. The unification of the staff will benefit the hospital in many ways.

There are, as always, many problems facing us, but with the close cooperation that exists between the trustees, the medical staff, and the administration, I am confident that few of these problems will prove to be insoluble.

In closing, I wish to express my deep appreciation to members of the Board of Trustees (in particular the Executive Committee and the Officers) for their assistance and guidance; to the members of the Medical Staff for their excellent cooperation and understanding, to the Friends of the Deaconess for their help on numerous projects, to the Department Heads of the hospital and, above all to Mr. Richard E. Lee, Miss Ellen Adams, Mr. Theodore F. Koch, and Mr. Hubert D. Sycamore for their performance this past year, the busiest year in the history of the New England Deaconess Hospital.

September 1964



Robert D. Lowry
Executive Director

shields warren laboratory

During the past year construction was begun on the Shields Warren Radiation Laboratory, located on Binney Street. Further progress was made on the connecting tunnel from the New England Deaconess Hospital to tie in with a future inter-hospital system.

The laboratory has been named in honor of Dr. Shields Warren, known in medical circles as an authority on pathology and radiation. A noted cancer and atomic medicine consultant, Dr. Warren is director of the Cancer Research Institute at New England Deaconess Hospital, a trustee of the Lahey Clinic Foundation, Inc., and Professor of Pathology at Harvard Medical School.

The laboratory's program will be devoted to investigation in those basic subjects that relate to ionizing radiations in medicine, and especially in respect to the treatment of cancer. Thus, the laboratory should eventually become a meeting place for a variety of specialists, and the planning of the building has been such as to allow considerable flexibility in its use. Arrangements have been made to provide heavy shielding in a specially planned sub-basement in order to facilitate the use of high energy equipment.

As of September 15, 1964, the shell of the building was rising from its completed foundations and it is hoped that the four-story structure will be completed by July 1965.

The laboratory will be operated by the New England Deaconess Hospital. It will be closely affiliated with the Harvard Medical School and its program will involve cooperation in various departments of the school as well as with several hospitals affiliated with the school.

The Director of the laboratory will be Dr. Henry I. Kohn, the Alvan T. and Viola D. Fuller-American Cancer Society Professor of Radiology at Harvard Medical School.

Aerial View of Shields Warren Radiation Laboratory

T.L.C. — Still Means Tender Loving Care!

report of the medical staff

This year has been characterized by a continued dynamic growth of the medical staff. Of great significance has been the complete revision of the Constitution and Bylaws of the Medical Staff with the creation of departments of surgery and medicine. A spirit of cooperative effort with the pooling of individual talents and resources has been strong. The administrative framework created by the joint effort of the Bylaws Committee, the Medical Administrative Staff and the whole Medical Staff is designed to provide a strong structure for the future professional growth and advancement of the Deaconess Hospital. Dr. James L. Tullis was appointed the Chairman of the Medical Department. The continued cooperation of all physicians has enhanced the medical residency training program. The surgical residency program is being intensively studied in committee with regard to the future goals and the type of training which will be required to prepare a surgeon for the surgical practice of the future.

Clinical research has been continued during the year by members of the medical staff in special areas such as hematology, gastroenterology, diabetes, tumor therapy, and surgical techniques of organ perfusion and organ ablation. The Elliott P. Joslin Research Laboratory opened in June, 1964, under the direction of Dr. George F. Cahill, Jr. The scientific program provides opportunities for special training in research methods for young physicians and provides an additional link in the relations between the Deaconess Hospital, the Diabetes Foundation, and the Harvard Medical School. Improvements have been made in the methods of teaching patients and in providing for better public appreciation of the problems of diabetes. This includes two films made at the New England Deaconess Hospital entitled "Joslin, Best and Diabetes" and "What You Don't Know Can Hurt You."

The Department of Radiology reports an increase in the number of X-ray examinations carried out and treatments given.

The two million volt therapy machine has been in operation for ten years and continues to give good service. Over two thousand patients have been treated with this therapy. The most common disease treated has been carcinoma of the lung. A new diagnostic fluoroscope has been installed which employs the latest electronic image magnifiers as well as secondary television monitors which permit second and third observers to assist during complicated procedures.

The Department of Pathology has had a continued increase of 15 per cent in the volume of laboratory tests. Efforts are being made to provide diagnostic tests on Sundays and holidays in order to shorten the patient's hospital stay. The chemistry laboratories in the Palmer Building have been completely renovated. This expansion will provide for extension of special diagnostic procedures. It will also provide space for the medical technology teaching program. The School of Medical Technology has continued its vigorous growth. The school received the full approval of the Board of Schools of Medical Technology of the American Society of Clinical Pathologists. This is the first cooperative School of Medical Technology in the United States to receive such approval.

During the year staff meetings, department meetings, and many special committee meetings have reflected the dynamic outlook of the entire Deaconess medical staff and its dedication to the continued advancement of patient care at the forefront of the expanding medical horizon.

"God is our refuge and strength,
a very present help in trouble."
Psalm 46:1

report of the friends

The Friends of the Deaconess Hospital, Inc., ended its thirty-first year on September 30, 1964 with 550 members and fifty-two Life Members. More than 300 men and women, plus 110 teen-agers, gave a total of 22,479 hours to the hospital. As a result of this cooperative effort, the Friends donated $31,000 to the hospital and $3,950 to the School of Nursing.

The Coffee Shop Committee, under the direction of Mrs. Theodore C. Pratt, gave a second scholarship to the School of Nursing. Mrs. Pratt reported that during the year beginning September 1, 1963, 245,373 customers were served 149,375 cups of coffee, 47,817 sandwiches and 28,598 cartons of milk.

The Gift Shop and the Flower Shop, attractive additions to the lobby, have done very well. Mrs. Charles A. Hinkle, Gift Shop Chairman, advised that the Shop gave $2,400 to the hospital and noted that Mrs. Frank E. Barton was responsible for the attractive appearance of the shop as she devoted many hours each week to merchandising and decorating.

Mrs. George C. McClellan, Chairman of the Flower Shop, reported that sales increased during the past year and totaled $3,937.05. The net profit at 20 per cent amounted to $787.41 for the Friends of the Deaconess.

The Thrift Shop surpassed itself again according to Mrs. S. St. John Morgan, chairman, and Mrs. M. H. C. Gersumsky and Mrs. Charlesworth K. Neilson, co-chairmen. China, glass, bric-a-brac, linen, silver, and jewelry continued to be the best selling items. Clothing comes out a poor second unless it is in good condition and fashionable.

Mrs. C. Cabell Bailey, Mrs. George A. Dempsey and Mrs. Basil C. Gray advised that the Diversional Therapy Department kept its "hard core of devoted volunteers" and added some valuable new assistants. Last summer was the best in history for the hospital was covered twice each week, due largely to the efforts of Mrs. Herman Seltzer and high school volunteers.

A party was given in August for the summer volunteers. More than forty earned their fifty hour pins . . . many gave more than fifty hours . . . and one girl gave over 200 hours. On the subject of volunteers, 39 have reached the 1000 hour mark, 12 having been added last year. Twenty-eight volunteers have 100 hours or more.

The Women's Societies of Christian Service of the Methodist Churches of New England showed their continued interest by donating $591.00 to the Nurses' Scholarship Fund.

Proceeds from Deaconess Night at the Pops and the Christmas Bazaar went to the School of Nursing . . . from the Bazaar to the General Fund and from the Pops to the Scholarship Fund. Due to concentrated effort, Mrs. Neil W. Swinton and her committee cleared $1,438.50 from the Pops concert; while the Bazaar, sponsored each year by the Friends and the School of Nursing, made a profit of $2,035.13.

Mrs. Howard F. Root and her committee set a festive table on December 15th for the Christmas Open House. Over three hundred visitors and hospital workers enjoyed cider, coffee, and cookies.

On February 18th the Nurses turned the tables on the 61 Board members by inviting them to a delightful morning coffee so that they might see the newly decorated lounge on the roof of Harris Hall.

The Friends are grateful to the hospital for free rent, light, and heat. Thanks to the Friends and all Volunteers, another successful year was marked at the Deaconess.

The needs of the hospital are increasing which allows no self-satisfaction and just that much more work to be done.

Margaret W. Mountz

Mrs. James T. Mountz

Report of the Friends

Mrs. James T. Mountz

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Mrs. George C. McClellan

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Th ends" contribute

active staff

Medical Division
Frank N. Allan, M.D.
Theodore L. Badger, M.D.
C. Cabell Bailey, M.D.
Francis G. Barnum, Jr., M.D.
Carl C. Bartels, M.D.
Elmer C. Bartels, M.D.
George O. Bell, M.D.
Robert F. Bradley, M.D.
Allen G. Brailey, M.D.
Robert E. Brownlee, M.D.
John W. Cass, Jr., M.D.
Robert E. Crozier, M.D.
Donat P. Cyr, M.D.
Albert I. C. DeFriez, M.D.
John B. Dynes, M.D.
B. Dan Ferguson, M.D.
Luis Fernandez-Herlihy, M.D.
Robert Fleming, M.D.
Robert E. Foley, M.D.
Frank P. Foster, M.D.
John L. Fromer, M.D.
Walter T. Goodale, M.D.
Basil C. Gray, M.D.
William B. Hadley, M.D.
Elmer W. Heffernon, M.D.
Elmer E. Hinton, M.D.
Albert A. Hornor, M.D.
Frank A. Howard, M.D.
Lyman H. Hoyt, M.D.
Harriet D. James, M.D.
Allen P. Joslin, M.D.
Leo P. Krall, M.D.
Edwin J. Kroeker, M.D.
Simeon Locke, M.D.
George E. MacDonald, M.D.
Joseph E. Mackie, M.D.
Robert J. MacMillan, M.D.
James S. Mansfield, M.D.
Alexander Marble, M.D.
L. Tillman McDaniel, M.D.
Francis E. McDonough, M.D.
Rosemary A. Murphy, M.D.
John W. Norcross, M.D.
F. Warren Nugent, M.D.
A. Seymour Parker, Jr., M.D.
Leroy E. Parkins, M.D.
Carey M. Peters, M.D.
M. D. Phelps, Jr., M.D.
Hugh M. Pyle, M.D.
Oscar J. Raeder, M.D.
Charles B. Roehrig, M.D.
Howard F. Root, M.D.
John R. Ross, M.D.
David I. Rutledge, M.D.
Dwight L. Siscoe, M.D.
M. Frances H. Smith, M.D.
Carlton R. Souders, M.D.
William B. Stevens, M.D.
Robert D. Sullivan, M.D.
Robert F. Tilley, M.D.
Martin L. Tracey, M.D.
Walter I. Tucker, M.D.
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Magnus I. Smedal, M.D.

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W. Eugene Knox, M.D.
Henry I. Kohn, M.D., Ph.D.
Hermann Lisco, M.D.
Halsey B. Loder, M.D.
Edna H. Tompkins, M.D.

Elliott P. Joslin Clinic Research Associates
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John T. Dunn, M.D.
William C. Elliott, M.D.
Ernest L. Fallen, M.D.
Samuel Goldstein, M.D.
M. Guillermo Herrera, M.D.
Frederick L. Hoch, M.D.
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Eishi Miki, M.D.
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Mary Jane Spiro, Ph.D.
Robert G. Spiro, M.D.
Jurgen Steinke, M.D.

Until last July the Lahey Clinic and Lahey Foundation operated independently as two separate organizations. The Lahey Clinic Foundation, Inc. will serve the interests of both organizations. The new corporation will be guided by a Board of Trustees consisting of laymen and members of the medical profession. There will be three principal operating units: the Lahey Clinic Division, the Education Division and the Research Division.

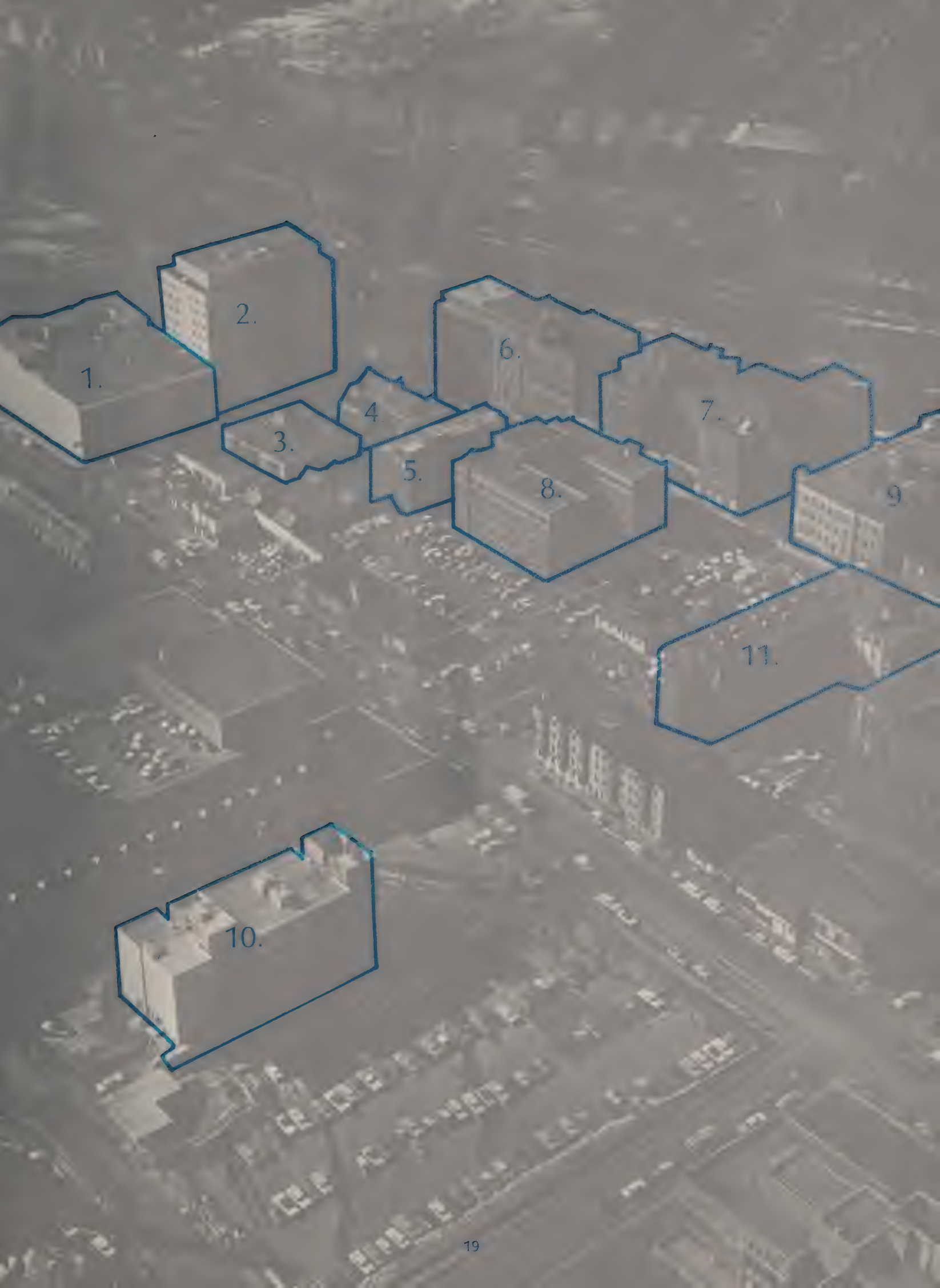
It is no longer possible for one aerial photograph to encompass the complete complex of the New England Deaconess Hospital. Necessarily, the Lahey Clinic Foundation, Inc. is not shown on the next page.

1. Garage.
2. Medical Office Building.
3. Overholt Thoracic Clinic.
4. Norwich House.
5. Cancer Research Institute.
6. Palmer Building.
7. Baker Clinic and Central Building.
8. Harris Hall.
9. Deaconess Building.
10. Shields Warren Radiation Laboratory.
11. Elliott P. Joslin Clinic and Hospital
    Teaching Unit, Diabetes Foundation, Inc.

new england deaconess hospital complex

Including Joslin and Overholt Clinics

Surgery of the lung, esophagus, heart and great vessels continues to be a pioneer in the field of medicine, and the Overholt Thoracic Clinic maintains its place among the leaders. Forty-seven doctors trained at the Clinic are scattered all over the world, from the University of Cordoba in the Argentine, to the University of Saigon. They are fully engaged in this specialty doing research and teaching as well as surgery.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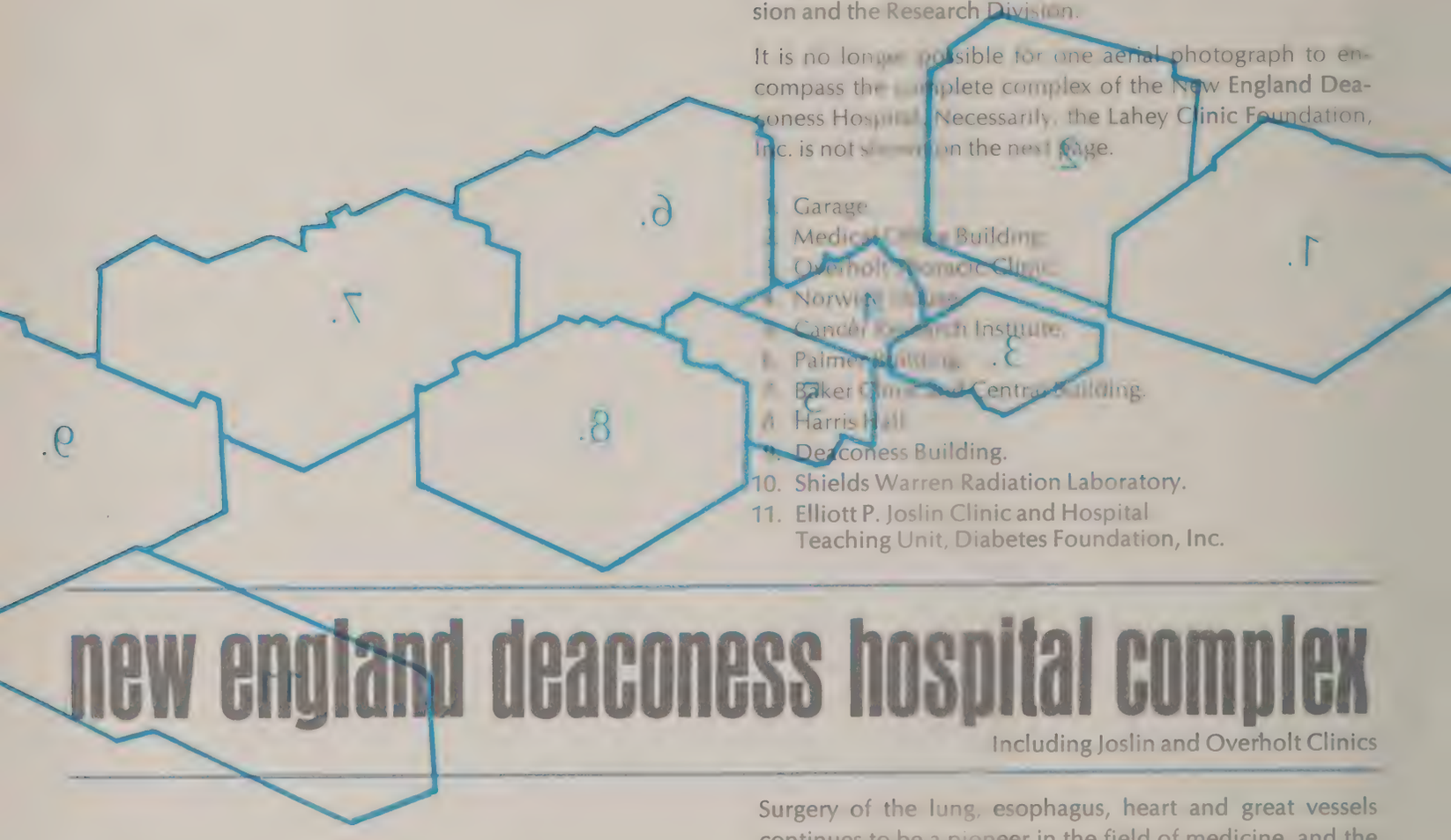

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new england deaconess hospital complex

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President
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67 Union Street
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James F. Farr
15 State Street
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Treasurer
Henry S. Rogerson
50 Federal Street
Boston, Massachusetts

Clerk
James T. Mountz
50 Federal Street
Boston, Massachusetts

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Kent Andrews
Harold W. Atkinson
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Vincent P. Clarke
*James V. Claypool
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Sinclair Weeks
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Wilbar Whittemore
Oskar W. Wikstrom
Floyd S. Wilson
William W. Wolbach
J. Wendell Yeo
Elmo F. Young
John D. Young
Wilbur C. Ziegler

*Deceased

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Assistant Executive DIrector and Controller
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Theodore F. Koch

Night Administrator
John F. Slayton

Administrative Assistant
Hubert D. Sycamore

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Laundry Manager
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Purchasing Agent
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Milton B. Nelson

Social Service Director
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Chaplain to the Hospital
Rudolph L. Samuelson

Chief Pharmacist
Charles F. Schraub

Chief Medical Records Librarian
E. Louise Seymour

Office Manager
Bertina Terkelsen

report of the treasurer

This year we have found it possible to meet all current obligations and take advantage of all discounts, when offered. We are pleased that our operating results for the past two years show a loss of less than one-fifth of one percent.

Endowment funds increased by $100,000 this year so that endowment securities now have a market value of $2,320,000.

The installation of the new I.B.M. 1440 computer system has been successful in improving patient billing and the controlling of accounts receivable. We can now foresee many additional applications that will improve the operation of the hospital.

We spent $477,000 for the purchase and improvement of the plant facility last year. This is a continuation of our policy to continue to keep the plant in a well maintained condition.

Henry S. Rogerson
Treasurer

new england deaconess hospital balance sheet

September 27, 1964

assets

General Fund

Current assets:	
Cash	$ 392,019.89
Accounts receivable, less reserve for uncollectible accounts	1,063,736.38
Inventories of supplies	205,571.73
Prepaid expenses	26,367.81
Total current assets	1,687,695.81
Due from endowment funds	51,151.21
	1,738,847.02

Temporary Funds

Cash and securities — gifts, bequests, and reserves for special purposes	2,529,113.76

Endowment and Other Funds Presently Held as Endowment

Investments:	
Securities and cash awaiting investment	1,217,530.91
Real estate, equipment and furnishings, less depreciation	5,468,841.79
	6,686,372.70

Building and Equipment Funds

Land, buildings and equipment less depreciation	6,611,168.14
Cash and securities	640,626.42
	7,251,794.56
	$18,206,128.04

Note: Contingent liability on notes receivable discounted *$22,827.28*

liabilities

General Fund

Current liabilities:	
Accounts payable and accrued expenses including withheld taxes	$ 742,719.55
Deferred income	153,426.64
Payments on mortgages due within one year	64,846.68
Total current liabilities	960,992.87
General Fund	777,854.15
	1,738,847.02

Temporary Funds

Gifts, bequests, and reserves for special purposes	2,529,113.76

Endowment and Other Funds Presently Held as Endowment

Funds	3,235,221.49
Mortgage and note payable	3,400,000.00
Due to General Fund	51,151.21
	6,686,372.70

Building and Equipment Funds

Buildings and equipment funds	6,180,692.26
Mortgage payable except amount shown in current liabilities above	1,071,102.30
	7,251,794.56
	$18,206,128.04

income statement

For the Year Ended September 27, 1964

Hospital net income		$7,009,711.04
Operating expenses:		
Professional care of patients:		
General	1,964,062.66	
Special	2,203,981.87	4,168,044.53
Household and property		1,753,294.25
Employees welfare		283,862.01
General services and expenses		260,562.85
Administration		447,071.08
		6,912,834.72
Surplus from operations before depreciation		96,876.32
Depreciation		386,007.75
Deficit from operations after depreciation		289,131.43
Other income:		
From endowment funds and funds held as endowment including $14,321.88 interest during construction added to cost of investment in office building and garage	70,511.96	
Donations	80,530.04	
Miscellaneous	8,576.00	159,618.00
		129,513.43
Deduct interest		47,003.61
Transferred to General Fund		($ 176,517.04)

general fund account

For the Year Ended September 27, 1964

Balance September 29, 1963		$1,084,824.52
Add:		
Unrestricted legacies		38,377.05
Transferred from building and equipment funds — depreciation		386,007.75
Gain from sale of securities		1,692.56
		1,510,901.88
Deduct:		
Transferred to building and equipment funds for obsolescence, construction and mortgage reduction	422,960.69	
Transferred to permanent endowment funds	95,192.95	
Transferred for special purposes	38,377.05	
Transferred from income	176,517.04	733,047.73
Balance September 27, 1964		$ 777,854.15

Executive Committee
New England Deaconess Hospital
Boston, Massachusetts

I have examined the balance sheet of the New England Deaconess Hospital as at September 27, 1964, the income statement and the analysis of general fund for the year then ended. The examination was made in accordance with generally accepted auditing standards and accordingly included such tests of the accounting records and such other auditing procedures as were considered necessary in the circumstances.

The contract year with the Massachusetts Hospital Service, Inc. ends September 30. The final adjustment for each fiscal year is made approximately one year later. The attached statements include the adjustment for the year ended September 30, 1963, but not for the year ended September 27, 1964.

In my opinion, subject to the foregoing explanation, the accompanying balance sheet, income statement and the analysis of general fund present fairly the financial position of New England Deaconess Hospital at September 27, 1964, and the results of its operations for the year then ended, in conformity with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

Boston, Massachusetts
November 16, 1964

executive committee

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Chairman of the Board
Mr. Laurens MacLure,
President
Mr. Henry S. Rogerson,
Treasurer
Mr. James T. Mountz,
Clerk of the Corporation
Mr. John Barnard
Mr. Edward B. Dane
Mr. James F. Farr
Mrs. Halfdan Lee
Mr. William B. Snow
Ex Officio:
Alexander Marble, M.D.,
Staff Representative
Herbert D. Adams, M.D.,
Staff Representative
Mr. Robert D. Lowry,
Executive Director
Mr. Richard E. Lee,
Assistant Director

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John Barnard, Jr.
Howard D. Brewer
F. Gorham Brigham, Jr.
Francis W. Capper
Harold C. Case
Vincent P. Clarke
Harold H. Cramer
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Arland A. Dirlam
Paul A. Draper
Carl S. Ell
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C. Vincent Vappi
Mrs. Sheldon E. Wardwell
Kenneth W. Warren, M.D.
Sinclair Weeks
Wilbar Whittemore
William W. Wolbach
John D. Young

board of trustees
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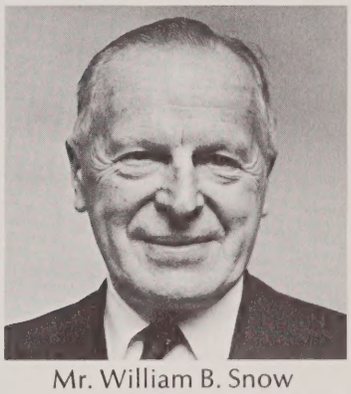
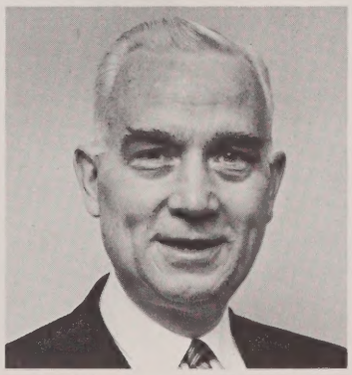

Mr. William B. Snow

Mr. Edward B. Dane


Mr. James F. Farr

Alexander Marble, M.D.

Herbert D. Adams, M.D.

Mr. Robert D. Lowry

Mr. Richard E. Lee

medical administrative board

Alexander Marble, M.D., President
Herbert D. Adams, M.D., Vice-president

Elmer C. Bartels, M.D.
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William A. Meissner, M.D.
James L. Tullis, M.D.
Priscilla White, M.D.

R. D. Lowry, Secretary

Learning Nutrition at Hospital Teaching Unit

The Joslin Clinic, with its Hospital Teaching Unit and new Elliott P. Joslin Research Laboratories, under the direction of the Diabetes Foundation is making progress. Medical researchers are forecasting the possibility of a major advance in the treatment of diabetes in the next few years.

Patients attending the Hospital Teaching Unit are from every walk of life and come from many foreign lands. Here they learn to care for themselves properly by establishing correct habits in regard to eating, medication and exercise. In learning to live with diabetes, they find that life can be a rewarding and happy experience.

donor form

New England Deaconess Hospital
185 Pilgrim Road, Boston, Massachusetts 02215

Enclosed find $..... as my contribution to the hospital, for those who cannot afford to care for themselves.

NAME .....

ADDRESS .....

CITY .....

STATE .....

Make all checks payable to the New England Deaconess Hospital, Boston, Massachusetts 02215

The only motivation for the growth of Deaconess Hospital is for the care, treatment and recovery of the patient.
Sometimes he is financially unable to cope with this problem.
The need is now. Why not let skilled workers be the servants of your good will?

Through the years those interested in the hospital and in its future have helped to sustain it and to advance the frontiers of medical knowledge through Bequests and Endowments, either for specific research and education projects or for the general purpose of patient care.

In keeping with the hospital's policy of never turning anyone away, the free work of the hospital has increased at a greatly accelerated rate.

As the New England Deaconess Hospital moves toward a new era of leadership in medical care and in research, many opportunities for participation occur. A gift of any size may be made with the request that it be used for some specific purpose, or used at the discretion of the Trustees.

form of bequest

I wish to give

$..... dollars

to the New England Deaconess Hospital, a corporation duly organized under the laws of the Commonwealth of Massachusetts, to be used in such manner as may be considered most expedient by the Board of Trustees.

NAME .....

ADDRESS .....

CITY .....

STATE .....

Date .....

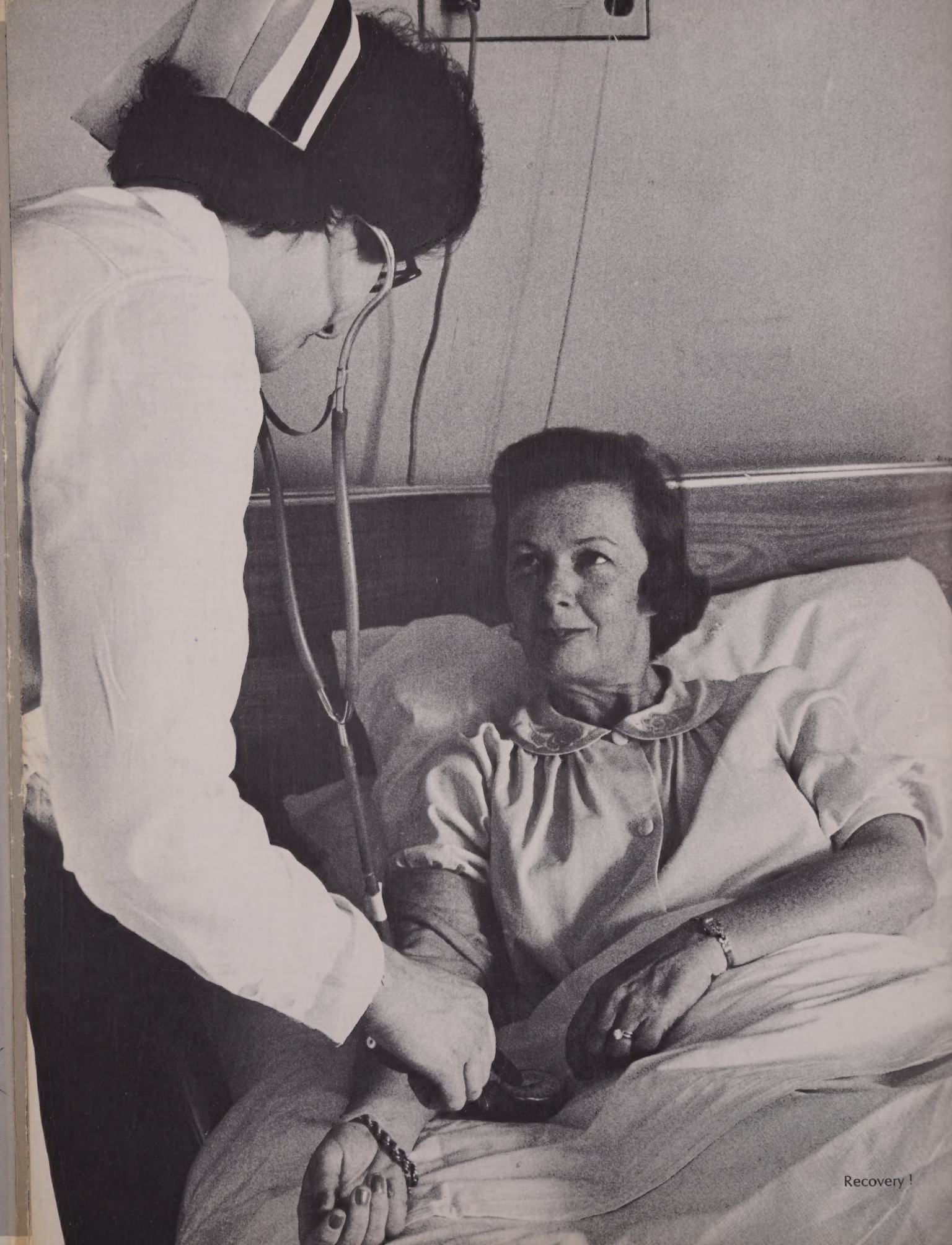
Here follows a partial list of equipment which is urgently needed by this hospital. Many of these items have been on the list for many months because there have not been the necessary funds in this area to provide them. Funds for the various buildings and special projects are marked specifically for this one use and cannot be diverted for other purposes. There is meanwhile a definite shortage of funds for free care, and for the discretionary use of the trustees for the purchase of various equipment and the replacement of worn-out or outdated items.

URGENTLY NEEDED

	DIETARY
$15,615	Food Carts (22)
	SPECIAL CARE UNIT
	1 Monitor Pacemaker #3387 transferred from surgery
1,012	6/64 to be paid 10/64
	SURGERY
	1 operating table with
3,700	Cassette Buckey
2,750	1 PMS 5 Monitor Pacemaker
1,012	1 PM 65S Monitor Pacemaker
	1 Special Monitor for
3,000	Cardiac Surgery
	CSR EQUIPMENT AND RENOVATION
950	1 Syringe Washer
800	1 ETO Sterilizer
	RESPIRATORY THERAPY SERVICE
1,051	1 In-Bed Scale, Model SR21
300	1 Wright Respirometer
350	1 Wright Ventilometer
	2 Vital Cap. & Max. Breathing
900	Machines
475	1 Ultrasonic Nevrilizer
	MEDICAL RECORDS
1,400	Photocopy machine
	ANATOMIC PATHOLOGY
250	Microscope (Monocular)
575	Microscope (Cytology)
490	Knife Sharpener
	CLINICAL PATHOLOGY
2,400	4 Binocular microscopes
	2 Prothrombin timers
1,500	(automatic)
	1 Scaler, probe, large well
5,000	(Isotope Equipment)
	1 Electrophoretic pattern
1,500	scanner
600	1 Evelyn colorimeter
	1 High voltage Chromato-
1,500	electrophoresis
1,350	4 Centrifuges
600	1 Turner fluorometer
$49,080	Total

NEW ENGLAND DEACONESS HOSPITAL

1964



Recovery !